SOFTBALL EVALUATION FORM

DATE OF GAME: DID YOUR TEAM WIN OR LOSE (CIRCLE) DATE OF GAME:_____ DID YOUR TEAM WIN OR LOSE (CIRCLE) TEAM NAME:____OPPONENT:___ TEAM NAME: OPPONENT: YOUR NAME: PHONE #: YOUR NAME: PHONE #: SCORING 5 = EXCELLENT 3 = SATISFACTORY 1 = UNSATISFACTORY SCORING 5 = EXCELLENT 3 = SATISFACTORY 1 = UNSATISFACTORY (A SCORE OF 1 ON A LINE REQUIRES AN EXPLANATION) (A SCORE OF 1 ON A LINE REQUIRES AN EXPLANATION) OFFICIAL #1 _____ OFFICIAL #1 _____ A. ___ ATTITUDE E. HUSTLE E. HUSTLE A. ATTITUDE F.____ SELF-CONTROL B.____ PROFESSIONALISM B.____ PROFESSIONALISM F.____ SELF-CONTROL G. JUDGEMENT G.____ JUDGEMENT C. MECHANICS/TECHNIQUE C. MECHANICS/TECHNIQUE H.____ QUICK DECISIONS H. ___ QUICK DECISIONS D. COMMUNICATION SKILLS D. COMMUNICATION SKILLS COMMENTS / SUGGESTIONS: COMMENTS / SUGGESTIONS: OFFICIAL #2 ______ OFFICIAL #2 ______ E. HUSTLE E. HUSTLE A. ATTITUDE A. ATTITUDE F.____ SELF-CONTROL B.____ PROFESSIONALISM F.____ SELF-CONTROL B.____ PROFESSIONALISM G. _ JUDGEMENT G.____ JUDGEMENT C. _ MECHANICS/TECHNIQUE C. MECHANICS/TECHNIQUE D. COMMUNICATION SKILLS H.____ QUICK DECISIONS D. COMMUNICATION SKILLS H. QUICK DECISIONS COMMENTS / SUGGESTIONS: COMMENTS / SUGGESTIONS: SCOREKEEPER _____ SCOREKEEPER _____ COMMENTS / SUGGESTIONS: COMMENTS / SUGGESTIONS:

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